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TSS QAS REVIEW SHEET vor 5

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| JACKET / ISSUE CLASSIFICATION SHEET | Management was also | |
| Primary Examiner box complete No | O n/a | |
| | ⊚ n/a | |
| PTO-892/1449 | | |
| Examiner's initials or cross-through lines supplied for each item cited by applicant | Yes O No | ● n/a |
| Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required) | Yes O No | ⊙ n/a |
| Brief description of drawings includes description of each figure in drawings | OAes O No | ● n/a |
| Continuing data mentioned in 1st paragraph (can be an insert) | P Yes O No | ● n/a |
| CLAIMS | | |
| Claims listed on Notice of Allowability match allowed claims and/or index of claims | Yes O No | ⊙ n/a |
| Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies) | Ores O No | ⊚ n/a |
| One sheet of complete claims | 1 yes O No | ● n/a |
| RAM FEES | | |
| Amount Actually | Amount that Should Have Been Charged | |
| Charged | That Deeth offergou | |
| Examiner's amendment Check box if applicable | | |
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| Check box if applicable | O Yes O No | ● n/a |
| Check box if applicable CRFE-COMPUTER READABLE FORM | O Yes O No | ⊚ n/a |
| Check box if applicable CRFE-COMPUTER READABLE FORM If necessary (bilogical sequence listing) NOTICE OF ALLOWABILITY If drawing is present, either Box No. 3 (drawings accepted), or Box No. 6 (corrected drawing request) has | Q Yes Q No | n/a n/a |
| Check box if applicable CRFE-COMPUTER READABLE FORM If necessary (bilogical sequence listing) NOTICE OF ALLOWABILITY | Q Yes Q No | |
| Check box if applicable CRFE-COMPUTER READABLE FORM If necessary (bilogical sequence listing) NOTICE OF ALLOWABILITY If drawing is present, either Box No. 3 (drawings accepted), or Box No. 6 (corrected drawing request) has been checked | Q Yes Q No | |
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PLEASE CORRECTED HIGHLIGHTED ITEMS. RETURN FOLDER AND THIS SHEET TO

THANKS